

Congress on August 30, 1954, and the New England Board of Higher Education was created as the interstate agency to carry out the mission of the compact.

In 1957, the New England Board of Higher Education established what has become its flagship program, the New England Regional Student Program, to enable New England residents to pay reduced tuition at out-of-State public colleges and universities in the region when they enroll in degree programs not offered by their home State.

The six New England States agreed in the compact to provide needed, acceptable, efficient educational resources and facilities to meet the needs of the New England workforce in the fields of medicine, public health, science, technology, engineering, mathematics, and other fields of professional and graduate training. Access and affordability have become the hallmark of the Regional Student Program of the New England Board of Higher Education.

The New England Board of Higher Education has, over the course of the last 50 years, saved New England students and their families millions of dollars in annual tuition bills. The New England Board of Higher Education provides professional development training to prepare the region's high school teachers and college faculty to teach in the fields of math, science and technology for thousands of New England's middle, high school and college students.

The Excellence Through Diversity program of the New England Board of Higher Education provides an academic support network to inspire, inform and motivate underrepresented high school students to apply to college, performs research relating to underrepresented groups enrolled in science, technology, engineering and mathematics programs in New England, and supports efforts to increase the number of minority doctoral scholars at New England colleges and universities.

Connection: The Journal of the New England Board of Higher Education is America's only regional magazine on higher education and economic development that provides a key policy forum for New England educators, business leaders, and policymakers to share best practices and current views on higher education and economic development.

For the past 50 years, hundreds of New England's leading citizens in government, education, and business have served as delegates to the New England Board of Higher Education to encourage regional cooperation, increase educational opportunities for residents of the region, and strengthen the relationship between higher education and the region's economy.

We join to congratulate the New England Board of Higher Education on the

occasion of its 50th anniversary, and commend the New England Board of Higher Education for its service to New England residents and its commitment to excellence in higher education, and in particular, its distinguished Board of Delegates led by the Honorable Louis D'Allesandro of New Hampshire and its president and CEO, Dr. Evan S. Dobelle of Massachusetts.

LOCAL LAW ENFORCEMENT ENHANCEMENT ACT OF 2005

Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. Each Congress, Senator KENNEDY and I introduce hate crimes legislation that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society. Likewise, each Congress I have come to the floor to highlight a separate hate crime that has occurred in our country.

In September of 2004, two transgender women were attacked by a group of six or seven teenagers in Washington, DC. One of the women, Kerri Kellerman, suffered two broken ribs, a fractured skull, and a facial wound requiring 40 stitches after being beaten with a brick and a metal padlock. The other woman, a 25-year-old named Jaimie Fischer, reports that the assailants yelled slurs about the victim's sexual orientation during the attack.

I believe that the Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

ETHA AND DRUG-RESISTANT HIV STRAINS

Mr. SMITH. Mr. President, I discuss a rare strain of HIV that is highly resistant to most antiretroviral drugs and causes a rapid onset of AIDS that was recently discovered in a patient in New York City. The strain, identified as 3-DCR HIV, is resistant to 3 of the 4 classes of antiretroviral drugs, which means that 19 of the 20 available antiretroviral drug combinations would be ineffective for a person with this HIV strain.

Although drug-resistant HIV strains are common in patients who have been treated with antiretroviral drugs, multiple-drug-resistant HIV is extremely rare in patients who are newly diagnosed and previously untreated. Moreover, while HIV infection usually takes about 10 years to progress to AIDS, this patient apparently progressed to AIDS in a matter of months. Combination of a highly drug resistant HIV in-

fection and rapid disease progression has the potential to become a very serious public health problem with global health implications.

The ultimate significance of the new strain is still unknown. Only time will tell whether this was an isolated case or part of an outbreak of similar cases. It is imperative, however, that we take action to identify and halt the spread of aggressive, multiresistant HIV/AIDS strains.

We must continue to build upon and fund existing prevention programs and to strengthen our infectious disease monitoring systems. The CDC, in collaboration with community, state, national, governmental and nongovernmental partners, employs a number of programs designed to prevent HIV infection and reduce the incidence of HIV-related illness and death. By providing financial and technical support for disease surveillance; risk-reduction counseling; street and community outreach; school-based education on AIDS; prevention case management; and prevention and treatment of other sexually transmitted diseases that can increase risks for HIV transmission, such programs have played a key role in reducing HIV transmission.

Stopping the spread of this strain is also critical in order to preserve the effectiveness of existing HIV/AIDS therapies. Not only do such therapies prolong and improve the quality of life of those affected by HIV/AIDS, but they also play a vital role in preventing the spread of the disease. A recent study found that HIV therapies reduce infectiousness by 60 percent. Consequently, that is why I recently reintroduced S. 311, the Early Treatment for HIV Act, ETHA. Supported by a bipartisan group of 31 Senators, ETHA redresses a fundamental flaw under the current Medicaid system that provides access to care only after individuals have developed full blown AIDS.

ETHA brings Medicaid eligibility rules in line with Federal Government guidelines on the standard of care for treating HIV. ETHA helps address the fact that increasingly, in many parts of the country, there are growing waiting lists for access to life-saving medications and limited access to comprehensive health care. Access to HIV therapies reduces the amount of HIV virus present in a person's bloodstream, viral load, a key factor in curbing infectiousness and reducing the ability to transmit HIV.

Early access to HIV therapies as provided under ETHA would not only delay disease progression and increase life expectancy, but it would also reduce the need for more expensive treatment and costly hospital stays. According to a study conducted by PricewaterhouseCoopers, ETHA would reduce gross Medicaid costs by 70 percent, saving the Federal Government approximately \$1.5 billion over 10